



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

LESLIE M. CLEMENT - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-5747
FAX: (208) 364-1811

July 16, 2007

Carey Crist, Administrator
Cornerstone Care Assisted Living
110 River Rock Place
Hagerman, ID 83332

License #: RC-861

Dear Mrs. Crist:

On May 17, 2007, a state licensure survey was conducted at Cornerstone Care and Cottages, Inc. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact Karen McDannel, RN, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

A handwritten signature in black ink that reads "Karen McDannel, RN". The signature is written in a cursive, flowing style.

KAREN MCDANNEL, RN
Team Leader
Health Facility Surveyor
Residential Community Care Program

KM/sc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program



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C.L. "BUTCH" OTTER – Governor
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DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888
E-mail: fsb@idhw.state.id.us

May 29, 2007

Carey Crist, Administrator
Cornerstone Care Assisted Living
110 River Rock Place
Hagerman, ID 83332

Dear Mrs. Crist:

On May 17, 2007, a state licensure survey was conducted at Cornerstone Care Assisted Living. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by June 16, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read "JS", with a long, sweeping horizontal stroke extending to the right.

JAMIE SIMPSON, MBA, QMRP
Supervisor
Residential Care Assisted Living Program

JS/slc

Enclosure

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R861	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/17/2007
NAME OF PROVIDER OR SUPPLIER CORNERSTONE CARE ASSISTED LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 110 RIVER ROCK PLACE HAGERMAN, ID 83332		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R 000	<p>Initial Comments</p> <p>The residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential Care or Assisted Living Facilities in Idaho. No core issue deficiencies were cited during the initial health care survey conducted at your facility. The surveyors conducting the initial health care survey were:</p> <p>Karen McDannel, RN Team Coordinator Health Facility Surveyor</p> <p>Maureen McCann, RN Health Facility Surveyor</p>	R 000			

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

FFIR11

If continuation sheet 1 of 1



BUREAU OF FACILITY STANDARDS
P.O. Box 83720
Boise, ID 83720-0036
(208) 334-6626 fax: (208) 364-1888

ASSISTED LIVING

Non-Core Issues

Punch List

Facility Name	Physical Address	Phone Number
Corner Stone Care	110 Riverwalk	(208) 837-4153
Administrator	City	ZIP Code
Carey Christ	Hagerman, Gooding	8332
Survey Team Leader	Survey Type	Survey Date
Karen McDannel	Initial Survey	5-17-07

NON-CORE ISSUES

NON-CORE ISSUES

[illegible]

Response Required Date

Signature of Facility Representative

6-17-07

Carey A. Crist

Date Signed _____

5-17-07

5-1707